

Form No. 1

(1) PLACE OF BIRTH

County of **LEXINGTON**Township of **BULL SWAMP**Inc. Town of **Swamp**City of **Swamp**

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7693

Registration District NO. **3102**Registered No. **20**
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Marie Belle**

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL GIRL	(4) Twin or Triplet? No	(3) Number in order of birth 1	(5) Are Parents Married? Yes	(7) DATE OF BIRTH June 19, 1923 (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME William Joseph	(14) NAME BEFORE MARRIAGE Elizabeth Glover		

(9) PRESENT POSTOFFICE OF FATHER Swamp	(15) PRESENT POSTOFFICE OF MOTHER Swamp
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(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 25 (Years)
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(12) BIRTHPLACE Lexington	(18) BIRTHPLACE Lexington
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(13) OCCUPATION Section Foreman	(19) OCCUPATION Section Foreman
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(20) Number of children born to mother, including present birth 7	(21) Number of children of this mother now living, including present birth 6
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born** at **Swamp** M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) **Victoria J. Jones**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed **June 23, 1923** (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

BUREAU OF STATISTICS, COLUMBIA, S. C.